

PAYMENT INFORMATION FORM**ACH VENDOR PAYMENT SYSTEM**

This form is used for ACH payments with an addendum record that carries payment-related information. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

PAPER REDUCTION ACT STATEMENT

The information being collected on this form is required under the provision of 31 U. S. C. 3322 and 31 CFR 210. This information will be used by the U.S. Treasury Department to transmit payment data by electronic means to vendors' financial institutions. Failure to provide the required information may delay or prevent the receipt of payments through the Automated Clearing House (ACH) Payment System.

COMPANY INFORMATION

Name:

Taxpayer Identification Number (TIN):

DUNS No. (Optional):

Remittance E-MAIL Address:

Address:

City/State:

Name of Contact:

Date:

Telephone Number:

AGENCY INFORMATION

Name:

U.S. Department of Energy, ME-144, Accounts Payable Division

Address:

P.O. Box 500**Germantown, MD 20874-0500**

Name of Contact:

Judy McKimmey

Date:

July 29, 2002

Telephone Number:

(301) 903-5974

Fax Number:

(301) 903-5977**FINANCIAL INSTITUTION INFORMATION**

Name:

Address:

City/State:

Nine Digit Routing Transit Number:

Depositor's Account Title:

Depositor's Account Number:

Type of Account:

CHECKING**SAVINGS****LOCKBOX**

SIGNATURE AND TITLE OF REPRESENTATIVE:

Date:

Telephone Number:

Instructions for Completing SF 3881 Form

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency.
2. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

Burden Estimate Statement

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.